



Arizona Peace Officer Standards and Training Board



ALLOCATION FUNDING APPLICATION

AGENCY NAME: _____

NAME/S OF PERSON/S ATTENDING:

SSN:

1. _____
2. _____
3. _____
4. _____

TITLE OF TRAINING PROGRAM: _____

PRESENTING AGENCY/ORGANIZATION: _____

LOCATION OF TRAINING: _____

DATE/S OF TRAINING: _____

FUNDS REQUESTED FOR:

REGISTRATION	PERSON/S	@	\$	=	\$	_____
AIRFARE:	PERSON/S	@	\$	=	\$	_____
LODGING:	DAYS	@	\$	X	PERSON/S	= \$ _____
PER DIEM:	DAYS	@	\$	X	PERSON/S	= \$ _____

OTHER COSTS (DESCRIBE):

_____ \$

_____ \$

TOTAL FUNDS REQUESTED: \$ _____

SUBMITTED BY: _____

TITLE: _____

PHONE: _____

SIGNATURE: _____

DATE: _____

FOR USE BY AZPOST

REVIEWED BY: _____

DATE: _____

APPROVED: _____

DATE: _____

FUNDS AVAILABLE TO AGENCY: _____

\$ _____

FUNDS ENCUMBERED FOR THIS REQUEST: _____

\$ _____

BALANCE OF FUNDS AVAILABLE TO AGENCY: _____

\$ _____

ACTUAL REIMBURSEMENT AMOUNT: _____

\$ _____

DATE OF REIMBURSEMENT: _____

DATE: _____

(Attached is a copy of your agency allocation funding activities)